MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

AFTER

1"AMENDMENT

IND. DEP.

AS FILED

IND. DEP.

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SERIAL NO. 10/575217 APPLICANT(S) FILING DATE

AFTER

2 MAMENDMENT

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STATE OF PTO - 1360 (REV. 11/04)

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